

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	4675-000375
First Inventor	Raffi Nazare Elmadjian et al.
Title	Water Etching Techniques
Express Mail Label No.	EL623486437US

03917 U.S. PTO  
10/688238**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:**Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 22]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention ☐ Specification filed in English  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table, or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 8]
5. Oath or Declaration [Total Pages 3]  
a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper  
c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label**27572**or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

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Fax

248-641-0270

Name (Print/Type)

G. Gregory Schivley

Registration No. (Attorney/Agent)

27382

Signature

Date

October 17, 2003

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="margin: 5px 0 0 40px;"><i>Patent fees are subject to annual revision.</i></p>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Unknown	
		Filing Date	
		Unknown	
		First Named Inventor	
		Raffi Nazare Elmadjian et al.	
Examiner Name		Unknown	
Group / Art Unit		Unknown	
TOTAL AMOUNT OF PAYMENT (\$)		810	
		Attorney Docket No. 4675-000375	

<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Check                   <input type="checkbox"/> Credit card                   <input type="checkbox"/> Money Order                   <input type="checkbox"/> Other                   <input type="checkbox"/> None             </p> <p><input type="checkbox"/> Deposit Account:</p> <p>                 Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">08-0750</span>                  Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Harness, Dickey &amp; Pierce, P.L.C.</span> </p> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below                   <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.             </p>					<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																														
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<p>                 Total Claims: <span style="border: 1px solid black; padding: 2px;">16</span> -20 ** = <span style="border: 1px solid black; padding: 2px;">0</span> X <span style="border: 1px solid black; padding: 2px;">0</span> = <span style="border: 1px solid black; padding: 2px;">0</span>                  Independent Claims: <span style="border: 1px solid black; padding: 2px;">1</span> -3 ** = <span style="border: 1px solid black; padding: 2px;">0</span> X <span style="border: 1px solid black; padding: 2px;">0</span> = <span style="border: 1px solid black; padding: 2px;">0</span>                  Multiple Dependent: _____ X <span style="border: 1px solid black; padding: 2px;">0</span> = <span style="border: 1px solid black; padding: 2px;">0</span> </p>																																																																																																																																																																																																																																																			
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<p><b>SUBMITTED BY</b></p>		<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	G. Gregory Schiller	Registration No. Attorney/Agent	27382
Signature		Telephone	248-641-1600
		Date	October 17, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.